

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/899,026</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	<del>AS FILED</del> 10-26-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		10-26-05				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/899,020

APPLICANT(S)

CLAIMS

10-26-05

10-26-05

1 cont

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						
163		/				
164		/				
165		/				
166		/				
167		/				
168		/				
169		/				
170		/				
171		/				
172		/				
173		/				
174		/				
175		/				
176		/				
177		/				
178		/				
179		/				
180		/				
181		/				
182		/				
183		/				
184		/				
185		/				
186		/				
187		/				
188		/				
189		/				
190		/				
191		/				
192	/					
193		/				
194		/				
195		/				
196		/				
197		/				
198		/				
199		/				
200		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/899,026</b>	FILING DATE			
							APPLICANT(S)				
<b>10-26-05</b>							<b>CLAIMS</b>				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
201	/										
202	/										
203	/										
204	/										
205	/										
206	/										
207	/										
208	/										
209	/										
210	/										
211	/										
212	/										
213	/										
214	/										
215	/										
216	/										
217	/										
218	/										
219	/										
220	/										
221	/										
222	/										
223	/										
224	/										
225	/										
226	/										
227	/										
228	/										
229	/										
230	/										
231	/										
232	/										
233	/										
234	/										
235	/										
236	/										
237	/										
238	/										
239	/										
240	/										
241	/										
242	/										
243	/										
244	/										
245	/										
246	/										
247	/										
248	/										
249	/										
250	/										
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											
251	/										
252	/										
253	/										
254	/										
255	/										
256	/										
257	/										
258	/										
259	/										
260	/										
261	/										
262	/										
263	/										
264	/										
265	/										
266	/										
267	/										
268	/										
269	/										
270	/										
271	/										
272	/										
273	/										
274	/										
275	/										
276	/										
277	/										
278	/										
279	/										
280	/										
281	/										
282	/										
283	/										
284	/										
285	/										
286	/										
287	/										
288	/										
289	/										
290	/										
291	/										
292	/										
293	/										
294	/										
295	/										
296	/										
297	/										
298	/										
299	/										
300	/										
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

1 cont

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDNDMENTS

FORM PTO-1360 (REV. 3-79)

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office